

Docket No. 259275US6PCT
 IN RE APPLICATION OF: Pierre GANDEL, et al.
 SERIAL NO: 10/509,327
 FILED: February 24, 2005
 FOR: ANGULAR POSITION MAGNETIC SENSOR DEVICE



AP7 Rec'd PCT/PTO 27 JUN 2005

COMMISSIONER FOR PATENTS
 ALEXANDRIA, VIRGINIA 22313

SIR:
 Transmitted herewith is an amendment in the above-identified application.

No additional fee is required
 Small entity status of this application under 37 C.F.R. §1.9 and §1.27 is claimed.
 Additional documents filed herewith: Request for Extension of Time (1 month), Letter Submitting Replacement Drawing Sheets, Replacement Drawing Sheets (2)

The Fee has been calculated as shown below:

CLAIMS	CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY PAID	NO. EXTRA CLAIMS	RATE	CALCULATIONS
TOTAL	19	MINUS	20	0	x \$50 =	\$0.00
INDEPENDENT	1	MINUS	3	0	x \$200 =	\$0.00
APPLICATION SIZE		MINUS	100	(each addtl. 50 sheets)	x \$250 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS					+ \$360 =	\$0.00
<input checked="" type="checkbox"/> Extension of Time Petition (1 month)					+ \$120	\$120.00
TOTAL OF ABOVE CALCULATIONS						\$120.00
<input type="checkbox"/> Reduction by 50% for filing by Small Entity						\$0.00
					TOTAL	\$120.00

A check in the amount of \$0.00 is attached.
 Credit card payment form is attached to cover the fees in the amount of \$120.00
 Please charge any additional Fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
 If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

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 14077400259275 14077400259275 ASU CVR LTR 6.22.08.doc

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/569327

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	950
X \$ 9 =		OR X \$ 18 =	
X \$ 44 =		OR X \$ 88 =	
+ \$ 150 =		OR + \$ 300 =	300
TOTAL		OR TOTAL	1250

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* 19	Minus	** 20 =
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 9 =		OR X \$ 18 =	
X \$ 44 =		OR X \$ 88 =	
+ \$ 150 =		OR + \$ 300 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* Minus	**	=
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 9 =		OR X \$ 18 =	
X \$ 44 =		OR X \$ 88 =	
+ \$ 150 =		OR + \$ 300 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	* Minus	**	=
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 9 =		OR X \$ 18 =	
X \$ 44 =		OR X \$ 88 =	
+ \$ 150 =		OR + \$ 300 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.